CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN Is This Report an Amendment: Yes No No Instructions for completing schedules are on the back of each schedule. COMMITTEE IDENTIFICATION Iodd Delain 3838 WI 54229 New tranken, Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. NAME OF REPORT Pre-Primary 2018 January Continuing July Continuing _____ Spring X Fall Special Termination Report September Continuing Pre-Election also complete Schedule 4 SUMMARY OF RECEIPTS AND Column A Column B **DISBURSEMENTS** This Period Calendar 1. RECEIPTS Year-To-Date 98 62 1A. Contributions (Including Loans) from Individuals \$ 225. 225. 1B. Contributions from Committees (Transfers-In) \$ 0 1C. Other Income and Commercial Loans 0 62 TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) 2. DISBURSEMENTS 36 2104. \$ 2A. Gross Expenditures \$ 2B. Contributions to Committees (Transfers-Out) 90.36 70 TOTAL DISBURSEMENTS (Add totals from 2A and 2B) CASH SUMMARY Cash Balance Beginning of Report 98 Total Receipts \$ Subtotal \$ Total Disbursements CASH BALANCE END OF REPORT **INCURRED OBLIGATIONS** (Balance at the Close of This Period-3A) \$ LOANS (Balance at the Close of This Period-3B)

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

1	Type or Print Name of Candidate or Treasurer Sue Porath	Signature of Candidate or Treasurer Date: 8-5-201 Email 519512 Chofugil Company Phone: 920-562	8 1-3387

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

Complete Committee Name

Fr. unds of Todd Delain

* Pre-Primary Campaign Finance Report

Instructions fo	r completing schedules are on the back of each sci	nedule.	g 10.	•
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
7/5	Lori Delain E3198 Rockledge Road Casco, WI 54205		# 100	#100
	Check if: In-Kind Loan Conduit + Ethics ID#			
7/5	Shannon Mueller N. 4456 Jahnke Road Luxemburg, WI		^{\$} 20	[‡] 20
	Check if: In-Kind Coan Conduit - Ethics ID#			
7/6	Todd Delain 3838 Conard Road New Franken, WI	Chief Deputy - (Canidate)	# 18. <u>98</u>	³ 575. ⁶⁴
	5/329			
7/11	Check if: @In-Kind X Loan Conduit - Ethics ID# David Seid! 2878 Crab Apple Ln Green Bay, WI 54311	Business Owner/ Cottle Solesman	^{\$} 200. ⁵⁰	⁸ 200, [™]
	Check if: In-Kind Loan Conduit - Ethics ID#			
7/16	David Charles SR. 5845 Shore Acres Rd New Franken, WI 54229	President, Cash Depot	[#] 500	¹ 500
7 /	Check if: In-Kind Loan Conduit + Ethics ID#			ш.
⁺ /q	Jeffrey Mekash 2942 Marble Mountain Way Green Bay, WI 54313		[#] 30	# 30
7/20	Check it: @In-Kind @Loan@Conduit-Ethics 10# Howard Frankenthal 9140 N. Upper River Rd River Hills, wi 53217	Business Owner/ Sales	# 10O	^{\$} 100
	Check if: In-Kind Loan Conduit Ethics ID#			
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	s 968.98	1525. 66

Page 2 of 7

Complete Committee Name

Priends of Todd Delain

Instructions fo	r completing schedules are on the back of each sc	hadula		
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
7/26	Jennifer Sandberg		#50	\$50
/26	2646 Wild-Plower Ylow			5
	Green Bay, WI 54311			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit — Ethics ID#			
7/26	Cheryl Berkun 517 12 TH Ave		\$ 1.55	A
126			4 100	# 100
	Green Bay, WI 54303			
	Check if: In-Kind Loan Conduit - Ethics ID#			
7-1	Lark Wartenberg		[#] 50	\$50
7/26	2478 Sunrise CF		. 30	50
	Green Bay, WI 54302			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit + Ethics ID#			
7/	Lori Kinnard		<u>.</u>	14
7/26	3438 Church Rd		\$100	001#
	Green Bay, WI 54311			
	S4311 Check if: @In-Kind @Loan@Conduit - Ethics ID#			
7/	William Rosel		44	li li
7/26	3260 Hickory Ridge Lin		001 [#]	100
	3260 Hickory Ridge Ln Grein Bay, WIT 54311			
				ļ
n /	Check if: In-Kind Loan Conduit - Ethics ID#		4.1	1
7/26	Wayne Kesch 3888 Conard Rd		#100	g 100
•	New Franken, WI			
	Check if: In-Kind Lean Conduit - Ethics ID#			
7/	Moira Callan 3173 Nicolet Drive Green Bay, WI		\$50	\$ 50
140	31 to Nicolet Drive			
	54311			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit → Ethics ID#			
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	s 550.0°	5 ⁻ 50 °°
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
	TOTAL ANON	YMOUS CONTRIBUTIONS \$10 OR LESS	s	
	TOTAL CONTRIB	UTIONS RECEIVED FROM INDIVIDUALS	s 	

Page 3 of 7

Complete Committee Name

Friends of Todd Delain

Instructions fo	r completing schedules are on the back of each sc	hedule		
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
7/26	Judy Krawczyk 2495 Manitowock		#50	4 50
	Green Buy, WI 54311 Check if: [] In-Kind [] Loan Conduit + Ethics ID#			
7/26	Dan Kiley 32.83 Davies Ave	Salesman	^{\$} 250	1250
	Green Bay, WI 54311 Check if: 1 In-Kind 1 Loan Conduit + Ethics 1D#			
7/26	Pete Bilski 1915 Treeland Drive Green Bay, WI	Business Consultant	# 200	\$ 200
	54304 Check if: [] In-Kind [] Loan[] Conduit + Ethics ID#			
7/26	Karl Lay 1400 Jossart Rd		\$ 50	# 50
	Luxemburg, WI 54217 Check if: In-Kind I Loan Conduit - Ethics ID#			
7/26	Amy Pautzke 2534 Sussex Rd		[#] 50	[#] 50
	Grun Bay, wI 54311 Check if: On-Kind OLOan Conduit - Ethics ID#			
7/26	Randy Christopherson 2098 Descendant Ln		# 25	# 25
	Suamiw, WT 54313 Check if: [] In-Kind [] Loan [] Conduit + Ethics ID#			
7/26	David Poteat 3245 Libal Street Green Bay WI 54301	Sheriffs Deputy Captain	# 200	\$200
	5430 \ Check if: In-Kind Loan Conduit - Ethics ID#			
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 825.00	825,00
		TOTAL ITEMIZED CONTRIBUTIONS	s	
	TOTAL ANON	YMOUS CONTRIBUTIONS \$10 OR LESS	\$	
	TOTAL CONTRIB	UTIONS RECEIVED FROM INDIVIDUALS	s	

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Complete Committee Name

Friends of Todd Delays

Instructions fo	r completing schedules are on the back of each sc	hedule		
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
7-/	Patty Rousseau		# 75	# 75
1/24	2818 Berlun Ct	, 	" <i>T</i> D	73
	Green Bay WI 54304	f 		
	Check if: In-Kind Loan Conduit + Ethics ID#	1		
7/26	John Macco		# 50	# 50
126	1874 Old Valley Rd			
}	DePere, WI 54115			
	Check if: In-Kind Loan Conduit + Ethics ID#	(
7/26	Wayne Gossage		# 50	450
126	607 Kidgeview Ct			
	Green Buy. WI 54301			
	Check if: In-Kind Loan Conduit - Ethics ID#			
7/	Trisha Brodbeck		#100	4100
7/26	2849 Hawks Nest Trail		100	, 00
	Green Bay, WI 54313			
	Check if: In-Kind Loan Conduit - Ethics ID#			
7/	James Morrison		[#] 50	\$ 50
7/26	440 Woodfield Dr		50	
	Green Bay WI			
	54313 Check if: 📵 In-Kind 📵 Loan 🖟 Conduit _ Ethics ID#			
7/26	Matthew Ronk		#100	#100
156	3512 Glen Abbey Dr		100	100
	3512 Glen Abbey Dr Green Bay WIF Sy31)			
	Check if: In-Kind Loan Conduit - Ethics ID#			
7/	Arnold Nommensen		\$ 25	\$ 25
7/26	1182 Highview Ln		. 23	
	Green Bay, WI 54354			
	5 4 35 4 Check if: In-Kind Loan Conduit - Ethics ID#			
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	s 450.00	450.00
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
	TOTAL ANON	YMOUS CONTRIBUTIONS \$10 OR LESS	\$	
	TOTAL CONTRIB	UTIONS RECEIVED FROM INDIVIDUALS	\$	

Page 5 of 7

Complete Committee Name
Triends of Todd Delain

[[V) (V				
Date Date	r completing schedules are on the back of each sc Full Name, Mailing Address and Zip Code Of Contributor	nedule. Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
7/	Darlene Maralle	1	\$50	#50
7/26	1822 [na.]	1 		
	Green Bay WI 54302	· · · · · · · · · · · · · · · · · · ·		
	Check if: In-Kind Loan Conduit + Ethics ID#			
7/26	Catherine Laviolette		#50	#50
126	337 Ridgevins Ter			
	Green Bay, WI 54301			
***	Check if: ☐ In-Kind ☐ Loan☐ Conduit - Ethics ID#			
7/26	Sue Porath	Financial Planner	# <i>5</i> 00	#500
126	4835 Placid Way	7 7 14 16 100 7 100 7 1 64	000	
	New Franken, WI			
	54229 Check if: 回In-Kind 回Loan目Conduit + Ethics ID#	Martin Control of the		
7/	Timothy Maloney		#100	#100
7/26	Timothy Maloney 2038 Tunis Rd		100	. 50
	Grun Bay WI 54311			
~	SYDII Check if: In-Kind Loan Conduit – Ethics ID#			
7/	Sandra Juno		# 50	# 5o
7/ /26	616 Dauphin St		70	<i>J</i> O
	Green Bay, WI 54301			
	Check if: In-Kind Loan Conduit + Ethics ID#	MARKONINA		
7/26	Bonnic Platten	Retired	#300	#300
126	1555 Arapahue Trail	Business Owner	200	
	1555 Arapahoe Trail Green Bay, WI 54313			
	Check if: Clin-Kind Cloan Conduit - Ethics ID#			
7/	Brad Muller		#100	#100
7/26	3142 Essen Rd		100	100
	Bellevue, WI 54311			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit ← Ethics ID#	**************************************		
<u> </u>	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 1150.00	1150.00
		TOTAL ITEMIZED CONTRIBUTIONS	s —	
	TOTAL ANON	YMOUS CONTRIBUTIONS \$10 OR LESS	s -	_
	TOTAL CONTRIB	UTIONS RECEIVED FROM INDIVIDUALS	s —	<u> </u>

Page <u>6</u> of <u>7</u>

Complete Committee Name

Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule.		****
Date Full Name, Mailing Address and Zip Code Occupation (if year-to-date total exceeds \$200) Of Contributor	Amount of Contribution	Y-T-D Total
7/ Rich Heidel	#70	\$ 7
1/26 Got Hickory Way	. 10	* 70
1/26 Hobart, WI 54155		
Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#		
	# 100	# 100
1/26 Dan Lemkui 1 1/26 102 N. Broadway 305	. 100	#100
To Dan 1. CT		
DEFERT WILL SYINS		
Check if: C In-Kind C Loan Conduit - Ethics ID#		
7/26 John Bain 226 2272 Gringotts Way	# 50	[#] 50
126 2272 Gringotts Way	. 20)
Defere, w= 54115		
541)5		
Check if: Confidence Conduit Ethics ID#	# ,	
7/20 Marc Shield 2348 Oak Ridge Cir	\$ 60	# 60
DePere, WI 54115		
Check if: ☐ In-Kind ☐ Loan☐ Conduit + Ethics ID#		
7/ Dan Van Lanen	# 50	\$ c~
7/26 Dan Van Lanen 126 3231 Evergreen Ave	., 20	#50
126 3231 Evergreen Ave Green Bay WI 54313		
54313		
Check if: 🖸 In-Kind 🖟 Loan 🖟 Conduit – Ethics ID#	· ·	
7/ Ben Boncher	\$20	# 20
126 663 St. Joseph St		
DePere, WI 54115		
Check if: [Glo-Kind] Dan Conduit - Ethics ID#		The state of the s
7/ Comment Secretary Conductor Entires ID#	H	
7/26 Karen Sandberg 2619 Vicki Lake Green Bay WI 54311	\$ 25	\$ 25
2614 Vicki Lake		
Green Bay Wit		
Check if: In-Kind Loan Conduit - Ethics ID#		
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE S	375,00	375.00
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TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS \$		

Page $\frac{7}{7}$ of $\frac{7}{7}$

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4918.98

Complete Committee Name Friends of ladd Delain
Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Of Contributor Occupation (if year-to-date total exceeds \$200) Amount of Contribution Bill Symes 1721 School Lane # 100 001 th Syamico, WI 54173 Check if: In-Kind Loan Conduit + Ethics ID# David Lasee #50 \$50 1813 Sunkist Circle DePere, WI Check if: In-Kind Loan Conduit - Ethics ID# Jevon Jaconi \$50 # 50 852 Severndroog Way Green Bay, WI Check if: In-Kind Loan Conduit - Ethics ID# Cynthia Traleven 639 Hickory Drive 4100 R100 Check if: In-Kind Loan Conduit - Ethics ID# Philip Resch 1605 Granada (t. 001 B 0018 Check if: In-Kind Loan Conduit + Ethics ID# Christopher Boland 2525 County Hydray 22 #100 \$100 De Perc, WI Check if: In-Kind Loan Conduit - Ethics ID# Peter Delain 616 Aurora Drive H 100 # 100 Green Bay, WI 54302 Check if: ☐ In-Kind ☐ Loan☐ Conduit + Ethics ID# 600. SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE 4918.98 TOTAL ITEMIZED CONTRIBUTIONS

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

SCHEDULE 1-B

RECEIPTS **Contributions from Committees**

Page ____ of ___

(Transfers-In)

Complete Committee	S of Todd Delain * Pre-Primary Camp	paign Finance Repo
	mpleting schedules are on the back of each schedule.	-
Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
7/6	Friends of Barbara Dorff 3375 Pebble Beach Ct. Green Bay, WI 54311 Checkit: [] In-Kind [] Loan	[‡] 100
7/26	Friends of John Gossage 2430 East Ridge Ter. Green Bay, wit 54311 Check if: [] In-Kind [] Loan	# 125
	Check if: In-Kind Loan	
	Check if: 🖸 In-Kind 🖸 Loan	
	Check if: 🔲 In-Kind 🗀 Loan	
	Check if: 📵 In-Kind 🖸 Loan	
	Check if: C In-Kind C Loan	
	Check if:	
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$ 225.00 \$ 225.00
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	\$ 225,00

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

	3		4
Page	ı	of	ı

Complete Con	_					
Frie	nds of	Todd	Delain			
Instructions 1	for completing	schedules a	re on the back of	each sche	dule.	
Date	Full N	ame, Mailing A	Address and Zip Coo	ie		
		of Source o	fincome			

11150 GC60115	or completing scriedules are on the back of each scrie	dule.		
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	
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		SUBTOTAL OTHER INCOME THIS PAGE	\$ O	
		SOBJOTAL STREET INCOME TRIS PAGE		
		TOTAL ITEMIZED OTHER INCOME	, O	
		TOTAL OTHER INCOME	\$ O	

DISBURSEMENTS Gross Expenditures

Page 1 of 2

Complete Committee Name * Pre-Primary Campaign Finance Report Friends of Todd Delain Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Specific Purpose of Expenditure Amount yser Fee/Expense Square 1485 Market St. Suk 600 (Loci Delain) SanFrancisco, CA 94103 Check if: In-Kind Offset User Fee/Expense Sauare 1/5 # 1485 Marrent St, Swite 600 (for Shannon Mueller) San Francisco, CA 94103 Check if: 1 In-Kind Offset Copy Paper Office Depot/Office Max 2350 E. Mason Street Check if: 1 In-Kind Offset User Fee/Expense Yan Pal 22/11 North First Street (for Friends of Barbara San Jose, CA 95/31 Dorff) Check if: In-Kind Offset 7/13 Yard Signs 41480.5º CLS Services Inc. NITA South Park Drive Appleton, we 54914 Check if: In-Kind Offset Silly Toast Designs 573 N. Perkins Street \$ 47, 25 7/13 Artwork Fee Appleton, WI 54914 Check if: 🔲 In-Kind Offset Pay Pal North First Street User Fee / Expense (for Jeffrey Me kash) San Jose, CA 95131 Check if: In-Kind Offset (for Howard Frankenthal) 3.20 Pay Pal 2241 North First Street Santorica 95131 Check if: In-Kind Offset 1558. 80 SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE TOTAL ITEMIZED EXPENDITURES TOTAL UNITEMIZED EXPENDITURES TOTAL EXPENDITURES | \$

DISBURSEMENTS Gross Expenditures

Page <u>2</u> of <u>2</u>

Complete Committee Name

Friends of Todd Delain

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure Amount Of Person or Business to Whom Payment is Made User Re/ Expense Square 1455 DMarlut Place Suite 600 (for David Lases) San Francisus, CA 94103 Check if: 🔲 In-Kind Offset User Fee / Expense Square 7/21 1458 Market Place Surk 600 (for Jevon Jaconi) San Francisco, CA 94103 Check if: 🔲 In-Kind Offset User Fee/ Expense Square \$ 3,65 1450 Market Place Suite 600 (for Cynthia Treleven) San Francisw, CA 94103 You Re / Expense Square 1450 Market Place Suite 600 \$ 3.65 (For Philip Resch) San Francisco, (A Checkif: 10 In-Kind Offset 94103 Usr Fee/ Expense \$ 3.65 7/21 1455 Market Place Such 600 (for Christopher Boland) San Franciso, (A 94103) (fir Peter Delain) # 3.65 Square 1450 Market Place Soute 600 7/26 San Francisco, CA Check if: 1 In-Kind Offset 94103 Room Rental and [#] 5a7. 7/30 Ruck Garden appetiters for 7-26-18 fundraiser/event 1951 Bond Street Green Bay, WI Check if: I In-Kind Offset Check if: In-Kind Offset SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE 2104,70 TOTAL ITEMIZED EXPENDITURES TOTAL UNITEMIZED EXPENDITURES TOTAL EXPENDITURES

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

|--|

Complete Committee I	lame			
Friends	of	Todd	Delain	

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if:	Ó	0
	Check if: 🖸 In-Kind 🗂 Loan		
	Check if: In-Kind		
	Check if: 🖸 In-Kind 🗖 Loan		
	Check if: 📵 In-Kind 📵 Loan		
	Check if: 🖸 In-Kind 🖸 Loan		
	Check if: [] In-Kind [] Loan		
	Check if: 🗍 In-Kind 🖟 Loan		
	Check if: 디 In-Kind 디 Loan		0
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		0



Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page of

	Committee Name				
Fr	iends of Todd Delain	<u> </u>			
Instruction	ns for completing schedules are on the back of each	h schedule.	—		
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor				, 5,154
1 1		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor	-	<u> </u>		
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		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
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		Nature of Debt (Purpose)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Full Name, Mailing Address and Zip Code of Creditor				
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		Nature of Debt (Purpose)	<u> </u>		
Date	Full Name, Mailing Address and Zip Code of Creditor	 			
1 1					
		Nature of Debt (Purpose)		<u> </u>	
Date	Full Name, Mailing Address and Zip Code of Creditor	1			
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		Nature of Debt (Purpose)			
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Date	Full Name, Mailing Address and Zip Code of Creditor				
′′		Nature of Debt (Purpose)			
	i	Matter of Dent (Fulhose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1	,		ľ		
į		Nature of Debt (Purpose)			
		SUBTOTAL ITEMIZED	OBLIGATIONS THIS PA	AGE \$ O	1
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		TOTAL UNITEMIZED OF	3LIGATIONS \$20 OR LI	ESS \$ C)
		TOTAL	INCURRED OBLIGATION	ons s)

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page ____ of ___

	nds of Todd Delain					
,						
Instructions	for completing schedules are on the back of eac Full Name, Mailing Address and Zip Code of Loan S	h schedule.				
		Source	Outstanding Obligations		Cumulative Payments	Outstanding Obligations
Date	Todd Delain 3838 Conard Road		Beginning of This Period	New Loans This Period	This Period	End of This Period
J	New Franken, WI sers or Guarantors (if any)	54229	#556.68	18.98	0	\$ 575 66
List All Endors	sers or Guarantors (if any)			10.		J 47.
Full Name, Ma	ailing Address and Zip Code	Occupation				
of Guarantor	·	1 Chie	of Deput	- Canid	a te	
		Amount Guarant	teed Outstanding)		
		\$				
Full Name, Ma	illing Address and Zip Code	Occupation				
of Guarantor	3	Occupation				
		Amount Guarant	eed Outstanding			
		s				
	Full Name, Mailing Address and Zip Code of Loan S	ource	Outstanding Obligations		Cumulative	Outstanding
			Beginning of This	New Loans This	Payments This Period	Obligations End of This Period
Date			Period	Period		
1 1						
List All Endorse	ers or Guarantors (if any)		<u></u>	<u> </u>		
Full Name, Mai	ling Address and Zip Code	Occupation				
of Guarantor						
		Amount Guarante	ed Outstanding			10000
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Full Name, Mail of Guarantor	ling Address and Zip Code	Occupation				
		Amount Guarante	ed Outstanding			
	•	s	ed Oddstanding			
	Full Name, Mailing Address and Zip Code of Loan So	urce	Outstanding		Cumulative	Outstanding
			Obligations Beginning of This	New Loans This	Payments This Period	Obligations End of This Period
Date			Period	Period		
1 1						
List All Endorse	rs or Guarantors (if any)		<u></u>	<u> </u>		
Full Name, Mail	ing Address and Zip Code	Occupation				
of Guarantor						
		Amount Guarantee	ed Outstanding			
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Full Name, Maili	ng Address and Zip Code	Occupation				
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	NICINI I	CEIVED L 2018 Sandra L. Juno Own County Clerk
No No	25 LIL	2018
of each schedule.	1101	in lung
	A Br	Sandra L. Juno own County Clerk
5	195056	FICE USE ONLY
		FICE USE ONE!
complete the Campaign Reg	sistration Statement in the h	oack of this form.
Spring I	Fall Special	Termination Report also complete Schedule 4
Column A This Period	Column B Calendar	
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\$ 1504 99	\$ 5,007 13	,
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\$ 272057	\$ 4,301 91	
\$ \$	\$ \$	
\$ 2730 57	\$ 430181	
\$ 1,920 90		
\$ 1,509		
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3 9,120		
\$ 70532		
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\$ \$		
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I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer Date: 7-30-18
TEMOTHY P. THOMS	Email ELECT THO MAS @ YAHOO . COM Daytime Phone: 920-321-4532

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Andividuals

Page of _/

150499

Complete Committee Name Instructions for completing schedules are on the back of each schedule.

Date Full Name, Mailing Address and Zip Code Occup

Of Contributor Occup Y-T-D Total TIMOTHY TWOMS DEPUTY SHE 25 61 81 11 91 91 91 07/01/18 GREEN BAY, WZ ST311 Check if: In-Kind Loan Conduit - Ethics ID# MARK SKVARA 823 ONTONAGON LT ATTORNEY /10/18 GREEN BAY, W2 54301 200 00 200 Check if: ☐ In-Kind ☐ Loan☐ Conduit - Ethics ID# RON SCHULTZ 7/11/18 Green Bry, wz 59311 2774 MANITOWOC NA UJ Check if: In-Kind Loan Conduit - Ethics ID# BORDTHY SHAUGHNESSY 325 INZQUOIS AVE GREEN BAY, WZ ST301 100 100 Check if: In-Kind Loan Conduit - Ethics ID# TIM TROUBS DEPUTY SHERZEFF OV BYTZ FINGER RD GREEN BAY, NO SY311 1,000 Check if: In-Kind Loan Conduit - Ethics ID# DAWN KAPLA 1604 ORZOLE ST GREEN BYY, WZ SY311 du 100 Check if: In-Kind Loan Conduit - Ethics ID# 7/01/08 Green BAY, WZ 54311 Check if: In-Kind Loan Conduit - Ethics ID# 1504 99 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE 150499 **TOTAL ITEMIZED CONTRIBUTIONS** 0 **TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS**

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

Page ____ of ____

		no and John Morola Loune	
Complete Co	mmittee Name		
1-72	TENDS OF TEM THOMAS		
Instructions Date	for completing schedules are on the back of each sche	dule. Type of Income	A
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of income	Amount
		·	
- Total			
L			<u> </u>
		SUBTOTAL OTHER INCOME THIS PAGE	\$
		TOTAL ITEMIZED OTHER INCOME	\$
		TOTAL OTHER INCOME	s \



Check if: 🔲 In-Kind Offset

Check if: n-Kind Offset

DISBURSEMENTS Gross Expenditures

Page L of L

Complete Comm	nitee Name NOS OF TEM Thomas		
	r completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: In-Kind Offset		
The state of the s			
	Check if: n-Kind Offset		
	Check if: ☐ In-Kind Offset		
*	Check if: 📋 In-Kind Offset		
	Check if:		
	Check if: In-Kind Offset		
	Oleokii. [L] IIPKillu Oliset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page _____ of ____

Complete Committee Name

FRZENDS OF TIM THOMAS

Date Pull Name, Maling Address and Zip Code Of Person to Binness to Winnes Of Deck Proposed of Expenditure Amount	Instructions for	completing schedules are on the back of each schedule.		
TOTAL ITEMIZED EXPENDITURES THAT SALE IN THAT OFFSET THE STATE ALL ALL STATE ALL SUBTOTAL ITEMIZED EXPENDITURES \$ 2,720.57 \$ 2,720.57 \$ 2,720.57 \$ 2,720.57 \$ 2,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57 \$ 3,720.57	Date		Specific Purpose of Expenditure	Amount
THEIRS 334 WHITTZAGNON PRWY HAD LOUISVILLE JRY 40232 THY CAMPALEN STOLL LLC 304 WHITTZAGNON PRWY BAD LOUISVILLE JRY 40222 Check III. In-Kind Offset SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE 5 2,720 59 \$ 2,720 59	7/01/18	GO DADDY, COM LLC 14455 N. HAYDEN ND SUTTE 219 SLOTTS SAE 1 A Z 85260 Check if: 1 In-Kind Offset	WEB SITE FEE	25 05
THE CHECK IF. In-Kind Offset Subtotal Itemized expenditures this page \$2,720.57	7/16/18	304 WHITTINGUON PKMY #201 LOUISUZUE, KY 40272	CANGREGON YARD SLENS	7,348
Check if: In-Kind Offset Check if: In-Kind Offset Check if: In-Kind Offset Check if: In-Kind Offset Subtotal Itemized Expenditures This page Total Itemized Expenditures \$ 2,720.57	7/21/18	MY CAMPATEN STOND LLC 304 WHZTTENGTON PRWY #201 LOUISVILLE, KY 4022	[[25] [25] [25] [25] [25] [25] [25] [25] [25] [25] [25] [25] [25] [25]	
Check if: In-Kind Offset Check if: In-Kind Offset Check if: In-Kind Offset Subtotal Itemized Expenditures This page \$ 2,720 57 \$ 2,720 57	7/22/18	GO DAADY, COM LLC 14455 N. HAYDEN RD SUITE 219 SLOTTS BALE, 1 Z 85260	WEB SITE FEE	1 1
Check if: In-Kind Offset Check if: In-Kind Offset Check if: In-Kind Offset Subtotal Itemized Expenditures this page \$ 2,720 57 TOTAL ITEMIZED EXPENDITURES			2031-	
Check if: In-Kind Offset Check if: In-Kind Offset SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 2,720 57 TOTAL ITEMIZED EXPENDITURES \$ 2,720 57		Check if: ☐ In-Kind Offset	RECEIVE 201	8 8 10 8 10 8 10 8 10 8 10 8 10 8 10 8
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 2,720 57 TOTAL ITEMIZED EXPENDITURES \$ 2,720 57		Check if: ☐ In-Kind Offset		
		Check if: ☐ In-Kind Offset		
		SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 2,720 59
TOTAL UNITEMIZED EXPENDITURES \$ 0 57				
I A I tim man minute a la l			TOTAL UNITEMIZED EXPENDITURES TOTAL EXPENDITURES	\$ 0 \$ 2,720 ⁵⁷

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	<u></u>	of <u></u>
Page		OT

Complete Committee Name	
FRIENDS OF TEM	Thours

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: 🖸 In-Kind 🔁 Loan		
	Check if: Chan		
The state of the s			
	Check if: 🖸 In-Kind 🖸 Loan		
	Check if: 🗓 In-Kind 🗀 Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Oncode II. El In-total El Edan		
	Check if:		
	Check if: 🖸 In-Kind 🗈 Loan		
	Check if: 🔲 In-Kind 🖂 Loan		
	Check if: ☐ In-Kind ☐ Loan		
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$	
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$,

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page 1 of 1

Complete Committee Name				
FRIENDS	OF	TEM	Thomas	

Instructions for completing schedules are on the back of each schedule.

,					
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor				
l			1		
1 1					The state of the s
1		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		***			
		Nature of Debt (Purpose)	11		
Date	Full Name, Mailing Address and Zip Code of Creditor				
, ,					
/ /					
l		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor	\	I		<u> </u>
54.0	The reality Halling Flactors and Elp Gode of Greater		at control of the con		
1 1	1				
		Nature of Debt (Purpose)			
	es manuelle de la companie de la com				
Date	Full Name, Mailing Address and Zip Code of Creditor				1
Date	Tuli Name, Maning Address and Zip Code of Creditor				
1 1					
		Nature of Debt (Purpose)			<u> </u>
Date	Full Name Mailing Address and Zin Code of Condition	*			1
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1					
		Nature of Debt (Purpose)			
				<u> </u>	,
Date	Full Name, Mailing Address and Zip Code of Creditor	İ			
1 1					,
		Nature of Debt (Purpose)			<u>!</u>
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1					
' '		Nature of Debt (Purpose)	<u> </u>		
		Mature of Debt (Fulpose)			
	The same state of the same sta	•			
		SUBTOTAL ITEMIZE	D OBLIGATIONS THIS	PAGE \$	
		тот	AL ITEMIZED OBLIGA	TIONS \$	\
		TOTAL UNITEMIZED	OBLIGATIONS \$20 OF	RLESS \$	
		TOTA	L INCURRED OBLIGA	TIONS \$	



Complete Committee Name

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page	_ of
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	+5				
Instructions for completing schedules are on the back of ea		1			
Full Name, Mailing Address and Zip Code of Loai	n Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date /					
List All Endorsers of Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
		teed Outstanding			
	\$				
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Amount Guaran	teed Outstanding			- 200-100-10-10-1-1-1-1-1-1-1-1-1-1-1-1-1-
	,				
Full Name, Mailing Address and Zip Code of Loa	u Sonce	Outstanding Obligations Beginning of This	New Loans This	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date		Period	Period		
		and the state of t			
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
or Guarantor	Amount Guaran	teed Outstanding			
	\$				
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Amount Guaran	teed Outstanding \			
Full Name, Mailing Address and Zip Code of Loa	n Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /					
List All Endorsers or Guarantors (if any)				\	8.4.46 5 111
Full Name, Mailing Address and Zip Code	Occupation				- Lucia Alexandria de la compansión de l
of Guarantor	Amount Guaran	teed Outstanding			
	\$	tood outstanding			
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Amount Guarar	teed Outstanding			
	\$				
	·	SUBTOTAL C	OUTSTANDING LOA	NS THIS PAGE	\$
***End of Report*	k * *		TOTAL OUTSTA	ANDING LOANS	\$



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Campaign Finance Report Short Form ETHCF-2a	Ethics ID Nu	mber	455555026181Tlan
ρ Spring P Fall ρ Special Pre-Primary V	Continuing Report of	lue Jan. 15,	
ρ Spring ρ Fall ρ Special Pre-Election	O Continuing Report of	ue July 15,	
	O Continuing Report of	lue 4th Tues Sept.,	
Name of Candidate or Committee (in full) 1422 Balch Tree Drue Address 920-737-0999 Daytime Phone I certify that the above named committee or candidate dice.	te Hull	In BAY WI	
the same as previously reported. This report fulfills filing	ered by this report and	that the each balance some	ains
Signature of Committee Treasurer of Candidate			y@hotmail.com
PTHCF-2a Rev 01/2016 Government Accountability Phone: 608-261-2028 Fax: 608-264-9319 Web: h	Board, P.O. Box 7984 https://cfis.wi.gov En	, Madison, WI 53707-798 pail: <u>GABCFIS@wi.gov</u>	4

End of Report

Short Form for use "No Activity" Reporting



Campaign Finance Report Short Form ETHCF-2a	Ethics ID	Number
ρ Spring β Fall ρ Special Pre-Primary <u>×</u> 2	O Continuing Repo	ort due Jan. 15,
ρ Spring ρ Fall ρ Special Pre-Election	O Continuing Repo	ort due July 15,
	O Continuing Rep	ort due 4th Tues Sept.,
Address 410 - 321 - 452	een Bay	
I certify that the above named committee or candidat disbursements, or incur obligations during the period the same as previously reported. This report fulfills	covered by this report	t and that the cash balance remains
Signature of Committee Treasurer or Candidate	Date 8	Email Address

ETHOF-2a | Rev 01/2016 | Wisconsin Ethics Commission P.O. Box 7984, Madison, WI 53707-7984 | Phone: (608) 266-8123 | Fax: 608-264-9319 | Web_https://cfis.wi.gov | Email_GABCFIS@wi.gov

End of Report